

Supplemental Application Data Sheet

Attorney Docket Number:	1259-0013
Application Number:	09/730,326

Title of Invention	COPYRIGHT PROTECTION OF DIGITAL IMAGES TRANSMITTED OVER NETWORKS
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Applicant Information:

Applicant 1

Applicant Authority:	<input checked="" type="checkbox"/>	Inventor	<input type="checkbox"/>	Legal Representative	<input type="checkbox"/>	Party of Interest	<input type="checkbox"/>
Given Name		Middle Name		Family Name			
Daniel				Schreiber			
Residence Information:		US Resident	<input checked="" type="checkbox"/>	Non US Resident	<input type="checkbox"/>	Active US Military Service	<input type="checkbox"/>
City:	Beit Shemesh	State/Province:				Residency Country	Israel
Citizenship under 37 CFR 1.41 (b)				Israel			

Mailing Address of Applicant 1:

Address 1	71 Shimon Street		
Address 2			
City:	Beit Shemesh	State/Province:	
Postal Code:	99543	Country:	Israel

Applicant 2

Applicant Authority:	<input checked="" type="checkbox"/>	Inventor	<input type="checkbox"/>	Legal Representative	<input type="checkbox"/>	Party of Interest	<input type="checkbox"/>
Given Name		Middle Name		Family Name			
Andrew				Goldman			
Residence Information:		US Resident	<input checked="" type="checkbox"/>	Non US Resident	<input type="checkbox"/>	Active US Military Service	<input type="checkbox"/>
City:	Beit Shemesh	State/Province:				Residency Country	Israel
Citizenship under 37 CFR 1.41 (b)				Israel			

Mailing Address of Applicant 1:

Address 1	73 Shimon Street		
Address 2			
City:	Beit Shemesh	State/Province:	
Postal Code:	99543	Country:	Israel

Correspondence Information:

Address	621 SW Morrison St., Suite 600, Portland, OR 97205
Customer Number	11788
Email Address	docket@stofoco.com

Applicant Information:

Title of Invention:	COPYRIGHT PROTECTION OF DIGITAL IMAGES TRANSMITTED OVER NETWORKS		
Attorney Docket Number:	1259-0013	Small Entity Status Claimed	<input type="checkbox"/>
Applicant Type:	non-provisional		
Subject Matter:	utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			

Total Number of Drawing Sheets (if any)		Suggested Figs for Pub (if any)	
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Representative Information:

Please Select One:	<input checked="" type="checkbox"/>	Cust No.		US Patent Practitioner		Limited Recognition	
Customer Number	73552						

Domestic Benefit/National State Information:

Prior Application Status							
Application Number		Continuity Type	Prior App Number		Filing Date (YYYY-MM-DD)		
09/731,572		Divisional	09/397,331		1999	9	14
		Continuation-in-part	09/313,067		1999	5	17

Foreign Priority Information

Application Number	Country	Parent Filing Date	Priority Claimed
127093	IL	11/16/1998	Yes
127869	IL	12/30/1998	Yes
124895	IL	6/14/1998	Yes

Assignee Information

Assignee 1

Prefix	Given Name		Middle Name	Family Name	Suffix
Or Organization		Alearo Properties Limited Liability Company			

Mailing Address Information

Address 1		160 Greentree Drive, Suite 101		
Address 2				
City	Dover		State/Province	Delaware
Country	US		Postal Code	19904
Phone Number		503-224-2170	Fax Number	503-224-2084
Email Address		docket@stofoco.com		

In the event of computer malfunction, Applicant requests that any fees be charged to deposit account number 50-4348.

Please charge any deficiency or overpayment to deposit account number 50-4348.

Signature	/Graciela G. Cowger/		Date (YYYY-MM-DD)	2012-January-20	
First Name	Graciela	Last Name	Cowger	Reg. Number	42,444